



## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by \_\_\_\_\_

School/Parish

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Student Name Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.



**Catholic Schools**  
Teaching Minds. Reaching Hearts.